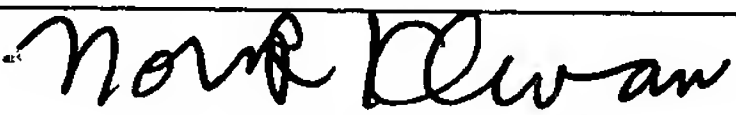


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 490102001400	
		First Inventor Frederic M.A. COPPINGER	
		Title METHOD AND APPARATUS TO REDUCE SECOND ORDER DISTORTION IN OPTICAL COMMUNICATIONS	
		Express Mail Label No. EV 335358525 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) – 2 pages <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</div> <div>5. Oath or Declaration [Total Sheets]<div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 - 3 pages</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	
ACCOMPANYING APPLICATIONS PARTS			
<div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee) Attorney</small></div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS <small>Statement (IDS)/PTO-1449 Citations</small></div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div> <div>17. <input type="checkbox"/> Other:</div>			
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <div>Prior application information: Examiner Art Unit:</div></div> <div>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
19. CORRESPONDENCE ADDRESS			
<div><input checked="" type="checkbox"/> Customer Number: 25226 OR <input type="checkbox"/> Correspondence address below</div> <div>Name</div> <div>Address</div> <div>City State Zip Code</div> <div>Country Telephone Fax</div>			
Name (Print/Type) Norman R. Klivans		Registration No. (Attorney/Agent) 33,003	
Signature 		Date August 26, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 335358525 US, in an envelope addressed to: MAIL STOP PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 26, 2003

Signature: 

(Anthony Soljanich)

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Frederic M.A. COPPINGER
		Examiner Name	Not Yet Assigned
		Art Unit	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	490102001400
894.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	03-1952		
Deposit Account Name	Morrison & Foerster LLP		
The Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	750
1002	330
1003	520
1004	750
1005	160
SUBTOTAL (1) (\$)	
750.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	28
Independent Claims	2
Multiple Dependent	
SUBTOTAL (2) (\$)	
144.00	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	410
1253	930
1254	1,450
1255	1,970
1401	320
1402	320
1403	280
1451	1,510
1452	110
1453	1,300
1501	1,300
1502	470
1503	630
1460	130
1807	50
1806	180
8021	40
1809	750
1810	750
1801	750
1802	900
SUBTOTAL (3) (\$)	
0.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Norman R. Klivans	Registration No. (Attorney/Agent)	33,003
Signature		Telephone	(650) 813-5850
		Date	August 26, 2003